UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

	RAGARD PRODUCTS Y LITIGATION	: MDL DOCKET NO. 2974 :
This docur	ment relates to:	: 1:20-md-02974-LMM :
vs.		: Civil Action No.:
TEVA WOME BRANDED P R&D, INC., T	MACEUTICALS USA, INC., ENS HEALTH, LLC, TEVA HARMACEUTICAL PRODUCTS HE COOPER COMPANIES, OPERSURGICAL, INC.	: : :
	SHORT FORM	COMPLAINT
Com	e(s) now the Plaintiff(s) name	ned below, and for her/their Complaint
against the	Defendant(s) named below, inc	corporate(s) the Second Amended Master
Personal In	njury Complaint (Doc. No.	79), in MDL No. 2974 by reference.
Plaintiff(s)	further plead(s) as follows:	
1.	Name of Plaintiff placed with Gina Plotnick	Paragard:
2.	Name of Plaintiff's Spouse (i	f a party to the case):

3.	If case is brought in a representative capacity, Name of Other Plaintiff and capacity (i.e., administrator, executor, guardian, conservator):		
	N/A		
4.	State of Residence of each Plaintiff (including any Plaintiff in a representative capacity) at time of filing of Plaintiff's original complaint: Florida		
5.	State of Residence of each Plaintiff at the time of Paragard placement: Florida		
6.	State of Residence of each Plaintiff at the time of Paragard removal: Florida		
7.	District Court and Division in which personal jurisdiction and venue would be proper: Florida Southern District Court – Fort Pierce, FL Alto Lee Adams, Sr. United States Courthouse 101 South U.S. Highway 1 Fort Pierce, FL 34950		
8.	Defendants. (Check one or more of the following five (5) Defendants against whom Plaintiff's Complaint is made. The following five (5) Defendants are the only defendants against whom a Short Form Complaint may be filed. No other entity may be added as a defendant		

in a Short Form Complaint.):

A. Teva Pharmaceuticals USA, Inc. B. Teva Women's Health, LLC C. Teva Branded Pharmaceutical Products R&D, Inc. D. The Cooper Companies, Inc. E. CooperSurgical, Inc. 9. **Basis of Jurisdiction** V Diversity of Citizenship (28 U.S.C. § 1332(a)) Other (if Other, identify below):

10.

Date(s) Plaintiff	Placing	Date Plaintiff's	Removal
had Paragard	Physician(s) or	Paragard was Removed	Physician(s) or other
placed	other Health Care	(DD/MM/YYYY)*	Health Care Provider
(DD/MM/YYYY)	Provider (include City and State)	*If multiple removal(s) or attempted removal procedures, list date of each separately.	(include City and State)** **If multiple removal(s) or attempted removal procedures, list information separately.
02/04/2008	Clouser MD, Joseph	07/23/2018 08/30/2018 09/04/2019	Homon ARNP, Patricia Stuart FL
		03/04/2021 05/25/2021	Lee-Nunez MD, Wynne Stuart FL Lee-Nunez MD, Wynne Lucie FL

11.	Plaintiff alleges breakage (other than thread or string breakage) of her
	Paragard upon removal.
	Yes
	No
12.	Brief statement of injury(ies) Plaintiff is claiming:
	Physical pain and suffering, disfigurement, mental anguish and anxiety related to the Paragard's
	breakage and resultant medical treatment necessary to address such breakage.
	Plaintiff reserves her right to allege additional injuries and
	complications specific to her.
13.	Product Identification:
	a. Lot Number of Paragard placed in Plaintiff (if now known):
	507001
	b. Did you obtain your Paragard from anyone other than the
	HealthCare Provider who placed your Paragard:
	□ Yes
	✓ No
14.	Counts in the Master Complaint brought by Plaintiff(s):
	Count I – Strict Liability / Design Defect
	Count II – Strict Liability / Failure to Warn
	Count III – Strict Liability / Manufacturing Defect
	Count IV – Negligence
	Count V – Negligence / Design and Manufacturing Defect
	Count VI – Negligence / Failure to Warn
	

	Cou	nt IX – Negligent Misrepresentation		
	Cou	Count X – Breach of Express Warranty		
	Cou	nt XI – Breach of Implied Warranty		
	Cou	nt XII – Violation of Consumer Protection Laws		
	Cou	Count XIII – Gross Negligence		
	Cou	Count XIV – Unjust Enrichment		
	Cou	Count XV – Punitive Damages		
	Cou	nt XVI – Loss of Consortium		
	Other Count(s) (Please state factual and legal basis for other claims			
	naluda	ed in the Master Complaint helevy).		
not i	nciude	ed in the Master Complaint below):		
not i		ling/Fraudulent Concealment" allegations:		
	"Tol	ling/Fraudulent Concealment" allegations:		
	"Tol	ling/Fraudulent Concealment" allegations: Is Plaintiff alleging "Tolling/Fraudulent Concealment"?		
	"Tola.	ling/Fraudulent Concealment" allegations: Is Plaintiff alleging "Tolling/Fraudulent Concealment"? Yes		
	"Tola. ☑	ling/Fraudulent Concealment" allegations: Is Plaintiff alleging "Tolling/Fraudulent Concealment"? Yes No		
	"Tola. ☑	ling/Fraudulent Concealment" allegations: Is Plaintiff alleging "Tolling/Fraudulent Concealment"? Yes No If Plaintiff is alleging "tolling/fraudulent concealment" beyond		

16.	Cou	nt VII (Fraud & Deceit) and Count VIII (Fraud by Omission)
	alleg	gations:
	a.	Is Plaintiff is bringing a claim under Count VII (Fraud &
		Deceit), Count VIII (Fraud by Omission), and/or any other claim
		for fraud or misrepresentation?
		Yes
		No
	b.	If Yes, the following information must be provided (in accordance with Federal Rule of Civil Procedure 8 and/or 9 and/or with pleading requirements applicable to Plaintiff's state
		law claims):
	i.	The alleged statement(s) of material fact that Plaintiff alleges was false:
	ii.	Who allegedly made the statement:
	iii.	To whom the statement was allegedly made:
	iv.	The date(s) on which the statement was allegedly made:
17.		aintiff is bringing any claim for manufacturing defect and alleging
	facts beyond those contained in the Master Complaint, the following	
	info	rmation must be provided:
	a.	What does Plaintiff allege is the manufacturing defect in her Paragard? N/A

18.	Plaintiff's demand for the relief sought if different than what is
	alleged in the Master Complaint:
19.	Jury Demand:
	Jury Trial is demanded as to all counts
	Jury Trial is NOT demanded as to any count
	s/ Fidelma Fitzpatrick\nw
	Attorney(s) for Plaintiff
ess, pł	none number, email address and Bar information:

Addre

Fidelma Fitzpatrick (RI Bar No. 5417)
MOTLEY RICE, LLC
40 Westminster St., 5th Floor
Providence, RI 02903
O: 401-457-7728
ffitzpatrick@motlevrice.com